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MENTAL EXAMINATION OF IMMIGRANTS.

ADMINISTRATION AND LINE INSPECTION AT ELLIS ISLAND.

By E. H. MULLAN, Surgeon, United States Public Health Service.

Immigrants, not traveling in the cabin, who enter the United States at the port of New York, are first brought to Ellis Island in order to undergo an examination to determine their fitness for admission.

The average immigrant remains at Ellis Island two or three hours, during which time he undergoes an examination by the Public Health Service in order to determine his mental and physical condition, and by the Immigration Service in order to find out whether he is otherwise admissible.

Immigrants are brought from the various steamships throughout New York Harbor to Ellis Island by means of barges. As soon as they land at Ellis Island they undergo the medical inspection and examination which are conducted by the officers of the Public Health Service.

1. Line Inspection.

Upon entering the examination plant of the Public Health Service, the immigrants are guided by an attendant into the different inspection lines. These lines, separated by iron railings, are four in number at their proximal end and two in number at their distal end. Each pair of lines after extending a distance of 15 feet terminates in a single line which is perpendicular to them. The two single or distal lines are also approximately 15 feet in length.

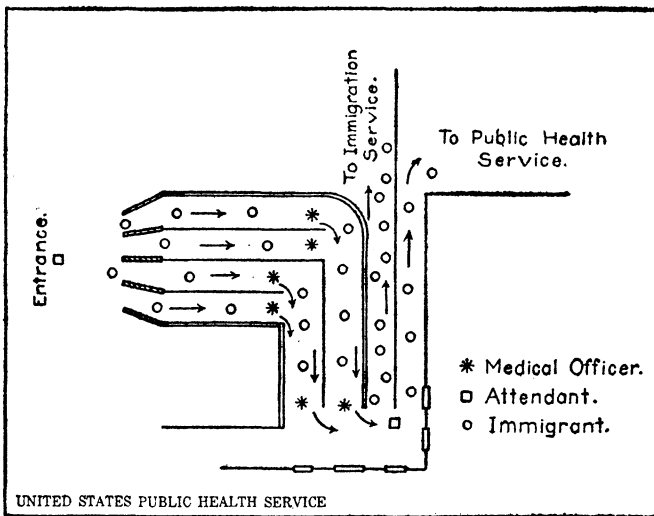
Four medical officers who carry on the general inspection are stationed each in one of the four proximal lines, and two medical officers stand at the extreme ends of the two distal lines or just where these lines merge into two common exits.

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At this merging point stands an attendant whose duty it is to separate the chalk-marked aliens from those who are not chalk marked. Accordingly, immigrants who have passed the medical inspection are guided into the exit which leads to the upper hall of the Immigration Service, while the chalk-marked ones pass through the exit which leads to the examination department of the Public Health Service.

The diagram shows the arrangement of the lines as above described and the positions therein of the inspecting officers and attendants. In the diagram the medical officers are indicated by stars, the attendants by squares, and the immigrants by circles.

It is thus seen that every immigrant in undergoing the medical inspection passes two medical officers. As above stated, the officer who occupies the proximal position carries on the general inspection.



It is the function of this officer to look for all defects, both mental and physical, in the passing immigrant. As the immigrant approaches the officer gives him a quick glance. Experience enables him in that one glance to take in six details, namely, the scalp, face, neck, hands, gait, and general condition, both mental and physical. Should any of these details not come into view, the alien is halted and the officer satisfies himself that no suspicious sign or symptom exists regarding that particular detail. For instance, if the immigrant is wearing a high collar, the officer opens the collar or unbuttons the upper shirt button and sees whether a goiter, tumor, or other abnormality exists. A face showing harelip, partial or complete, is always stopped in order to see if a cleft palate, a certifiable condition, is present.

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It often happens that the alien's hand can not be distinctly seen; it may be covered by his hat, it may be hidden beneath his coat, or it may be deeply embedded in blankets, shawls, or other luggage. Of all the physical details in the medical inspection of immigrants it is perhaps most important to watch the hands. In many cases where the hands can not be plainly seen at a glance further searching has revealed a deformed forearm, mutilated or paralyzed hand, loss of fingers, or favus nails.

Likewise, if the alien approaches the officer with hat on he must be halted, hat removed, and scalp observed in order to exclude the presence of favus, ringworm, or other skin diseases of this region of the body. Pimpadours are always a suspicious sign. Beneath such long growths of hair are frequently seen areas of favus. The slightest bit of lameness will show itself in an unevenness of gait or a bobbing up-and-down motion. After constantly observing the passing of thousands of immigrants the experienced eye of an examiner will quickly detect the slightest irregularity in gait. Where the alien carries luggage on his shoulder or back, it may be necessary to make him drop his parcels and to walk 5 or 10 feet in order to exclude suspicious gait or spinal curvature. Immigrants at times carry large parcels in both arms and over their shoulders in order that the gait resulting from a shortened extremity or ankylosed joint may escape notice. In like manner they maneuver in attempting to conceal the gaits of Little's disease, spastic paralysis, and other nervous disorders. All children over 2 years of age are taken from their mothers' arms and are made to walk. As a matter of routine, hats and caps of all children are removed, their scalps are inspected, and in many cases palpated. If care is not exercised in this detail, ringworm and other scalp conditions are apt to escape the attention of the examiner.

Immigrants that are thin and of uncertain physical make-up are stopped while the officer comes to a conclusion as to the advisability of detaining them for further physical examination. A correct judgment is often arrived at in these cases by the officer placing his hands against the back and chest of the alien, so as to obtain an idea of thoracic thickness, and also by feeling the alien's arm. Very often a thin and haggard face will show on palpation a thick thorax and a large, muscular arm.

Many inattentive and stupid-looking aliens are questioned by the medical officer in the various languages as to their age, destination, and nationality. Often simple questions in addition and multiplication are propounded. Should the immigrant appear stupid and inattentive to such an extent that mental defect is suspected, an X is made with chalk on his coat at the anterior aspect of his right

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shoulder. Should definite signs of mental disease be observed, a circle X would be used instead of the plain X. In like manner a chalk mark is placed on the anterior aspect of the right shoulder in all cases where physical deformity or disease is suspected.

In this connection B would indicate back; C, conjunctivitis; CT, trachoma; E, eyes; F, face; Ft, feet; G, goiter; H, heart; K, hernia; L, lameness; N, neck; P, physical and lungs; Pg, pregnancy; Sc, scalp; S, senility. The words hand, measles, nails, skin, temperature, vision, voice, which are often used, are written out in full.

The alien after passing the scrutiny of the first medical officer passes on to the end of the line, where he is quickly inspected again by the second examiner. This examiner is known in service parlance as "the eye man." He stands at the end of the line with his back to the window and faces the approaching alien. This position affords good light, which is so essential for eye examinations. The approaching alien is scrutinized by the eye man immediately in front of whom the alien comes to a standstill. The officer will frequently ask a question or two so as to ascertain the condition of the immigrant's mentality. He may pick up a symptom, mental or physical, that has been overlooked by the first examiner.

He looks carefully at the eyeball in order to detect signs of defect and disease of that organ and then quickly everts the upper lids in search of conjunctivitis and trachoma. Corneal opacities, nystagmus, squint, bulging eyes, the wearing of eye glasses, clumsiness, and other signs on the part of the alien, will be sufficient cause for him to be chalk-marked with "Vision." He will then be taken out of the line by an attendant and his vision will be carefully examined. If the alien passes through this line without receiving a chalk mark, he has successfully passed the medical inspection and off he goes to the upper hall, there to undergo another examination by officers of the Immigration Service, who take every means to see that he is not an anarchist, bigamist, pauper, criminal, or otherwise unfit.

Roughly speaking, from 15 to 20 per cent of the immigrants are chalk-marked by the medical officers, and it is these chalked individuals who must undergo a second and more thorough examination in the examination rooms of the Public Health Service. Those aliens marked X and circle X are placed in the mental room. All other marked aliens are placed in the two physical rooms, one for men and the other for women.

The physical details in the medical inspection of immigrants have been dwelt on at some length, and necessarily so, because a sizing up of the mentality is not complete without considering them. Speech, pupil symptoms, goiters, palsies, atrophies, scars, skin lesions,

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FIG. 1.—MEDICAL INSPECTION OF IMMIGRANTS IN THE PROXIMAL LINES.



FIG. 2.—INSPECTION OF EYES IN THE DISTAL LINES.



FIG. 3.—SECONDARY MENTAL INSPECTION OR WEEDING-OUT PROCESS. THIS OCCURS IMMEDIATELY AFTER LINE INSPECTION.



FIG. 4.—FIRST REGULAR EXAMINATION 24 HOURS AFTER ARRIVAL.



FIG. 5.—THIRD AND FOURTH REGULAR EXAMINATION ONE WEEK AFTER ARRIVAL. ALIEN IS CERTIFIED "FEEBLE-MINDED."

gaits, and other physical signs, all have their meaning in mental medicine.

In the medical inspection, which is conducted by the first officer or the one who occupies the proximal position, attention is paid to each passing alien. The alien's manner of entering the line, his conversation, style of dress, any peculiarity or unusual incident in regard to him are all observed. Knowledge of racial characteristics in physique, costume and behavior are important in this primary sifting process.

Every effort is made to detect signs and symptoms of mental disease and defect. Any suggestion, no matter how trivial, that would point to abnormal mentality is sufficient cause to defer the immigrant for a thorough examination.

The following signs and symptoms occurring in immigrants at the line inspection might suggest an active or maniacal psychosis: Striking peculiarities in dress, talkativeness, witticism, facetiousness, detailing, apparent shrewdness, keenness, excitement, impatience in word or manner, impudence, unruliness, flightiness, nervousness, restlessness, egotism, smiling, facial expression of mirth, laughing, eroticism, boisterous conduct, meddling with the affairs of others, and uncommon activity.

Psychoses of a depressive nature would be indicated by: Slow speech, low voice, trembling articulation, sad facies, tearful eyes, perplexity, difficulty in thinking, delayed responses, psycho motor retardation.

Alcoholism, paresis, and organic dementias may exhibit any of the following signs: Surliness, apprehensiveness, untidiness, intoxication, apparent intoxication, confusion, aimlessness, dullness, stupidity, expressionless face, tremulousness, tremor and twitching of facial muscles, ataxia, stuttering and tremulous speech, great amount of calmness, jovial air, self-confident smile, talkativeness, fabrications, grandioseness, sullenness, fussiness, excessive friendliness, defective memory, misstatement of age, disorientation, difficulty in computation, pupil symptoms, and other physical signs.

Various kinds of dementia, mental deficiency or epilepsy would be suggested by: Stigmata of degeneration, facial scars, acneiform rashes, stupidity, confusion, inattention, lack of comprehension, facial expression of earnestness or preoccupation, inability to add simple digits, general untidiness, forgetfulness, verbigeration, neologisms, talking to one's self, incoherent talk, impulsive or stereotyped actions, constrained bearing, suspicious attitude, refusing to be examined, objecting to have eyelids turned, nonresponse to questions, evidences of negativism, silly laughing, hallucinating, awkward

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manner, biting nails, unnatural actions, mannerisms and other eccentricities.

On the inspection line, immigrants afflicted with defective hearing, defective vision, and fever frequently assume peculiar attitudes and do strange things all of which are suggestive of mental disease. Some of these cases are likewise put aside for further mental examination.

Experience enables the inspecting officer to tell at a glance the race of an alien. There are, however, exceptions to this rule. It occasionally happens that the inspecting officer thinking that an approaching alien is of a certain race brings him to a standstill and questions him. The alien's facial expression and manner are peculiar and just as the officer is about to decide that this alien is mentally unbalanced, he finds out that the alien in question belongs to an entirely different race. The peculiar attitude of the alien in question is no longer peculiar; it is readily accounted for by racial considerations. Accordingly the officer passes him on as a mentally normal person. Those who have inspected immigrants know that almost every race has its own type of reaction during the line inspection. On the line if an Englishman reacts to questions in the manner of an Irishman, his lack of mental balance would be suspected. The converse is also true. If the Italian responded to questions as the Russian Finn responds, the former would in all probability be suffering with a depressive psychosis.

From 50 to 100 per cent of the immigrants who enter the inspection plant are questioned by the medical examiner in order to elicit signs of mental disease or mental defect. The exact number that are stopped and questioned will depend upon the race, sex, and general appearance of the passengers undergoing inspection as well as upon the total number of immigrants to be inspected.

In some instances an idea of an immigrant's mental state may be obtained by asking him such simple questions as: Where are you going? How old are you? Are you a Greek? What is your name? The majority of immigrants, however, are questioned in simple addition. The kind of addition to be propounded depends upon the age, sex, race, and general appearance of those undergoing the inspection. The art of propounding addition during the medical inspection of immigrants can be gained only by experience.

A northern Italian girl whose appearance indicates that she has had some schooling, an Irish girl, a Scandinavian or a male Greek would, in many instances, be thus questioned:

How many are 14 and 14? 14 and 15? or
How many are 13 and 13? 13 and 14? or
How many are 15 and 15? 15 and 16?

An illiterate male Italian from southern Italy would probably respond more readily to addition sums in a somewhat simpler form; such as,

How many are 8 and 8? 8 and 9? or

How many are 10 and 10? 10 and 12?

A Greek woman or a southern Italian girl on account of illiteracy, lack of experience and emotional state at the time of landing would have to be tested with still simpler sums in order to bring out the same mental phenomena as observed in the above cases. Hence, such sums as $6+6$, $7+7$, $8+8$ are frequently used in inspecting this class of persons.

To immigrant children under 12, very simple sums should be given at the line of inspection. $3+3$, $4+4$, $2+4$, $5+5$ etc., are of sufficient difficulty to bring forth the child's mentation.

When a family of children come along the inspection line it is well to question the oldest child first. For instance a child of 12 could be asked the sum of $6+6$. The 10-year-old child could be questioned as to the sum of $4+4$, the 8-year-old child the sum of $3+3$, while the youngster of 4 or 5 would show his mental alertness by simply responding to the question, "What is your name?"

On account of the emotional disturbance in immigrant children at the time of landing difficulty may be experienced in obtaining responses to the above simple tests. The question, "What is your name?" may have to be resorted to in the case of each child.

As above suggested, in propounding the question, "What is your name?" successively to a group of children it is well to start with the oldest child. The younger children will usually follow the leader and reply promptly. In this way it often happens that a child of 4, with a smile on his face, will tell the examiner his name. On the other hand, if the little ones (4 to 5 years) are questioned first, they may remain mute. In this event it is rather hard to get at their mentality.

In all cases, careful attention is paid to the facial expression of the immigrant as the latter thinks and responds to the examiner's questions.

These brief questions enable the officer to bring to view the attention, alertness, reasoning ability, and emotional reaction of the alien.

Not infrequently positive signs of mental disease (as above enumerated) are obtained by bringing the alien to a standstill and giving him these brief mental tests.

Before leaving this subject, it may be said, that in training for line inspection work, it is thought that a brief study of many insane patients is preferable to a comprehensive study of a small number

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of such persons. In other words, in training for line inspection, it is more profitable to briefly study 2,000 insane than to carefully study 200.

2. Weeding-Out Process.

The immigrants who are chalk marked with an X or a circle X at the line inspection are taken immediately to the mental room. This is a large room containing two examining desks and 18 benches upon which the detained immigrants sit. The benches are arranged in rows and face the examining desks. This room will seat 108 immigrants and in an emergency can comfortably accommodate double that number.

At the termination of the line inspection, the line officers go to the different examination rooms. Two or three of them usually proceed to the mental room and there conduct the secondary mental inspection, or, as it is sometimes styled, "the weeding-out" process.

In this room the examiner faces the detained passengers who occupy the benches and calls them up, one at a time, to his desk in order to give them another brief inspection.

This secondary inspection consists in observing the X-marked alien as he approaches the desk, takes his seat, and responds to tasks in counting, addition, and Cube Test. The examiner then decides as to whether or not the subject is a suspect of mental abnormality. Should the examiner decide to detain the immigrant as a mental suspect, a yellow "hold card" is issued, and the immigrant is held over night in order to undergo a complete mental examination.

However, if an alien does not present sufficient symptoms to become a mental suspect, the examiner presents him with a small gray card, which either frees him entirely from the medical department or returns him to one of the physical examination rooms.

In the weeding-out process the examiner constantly observes the marked aliens seated in front of him. During such observation insane persons not infrequently show symptoms. It occasionally happens that an X-marked alien while sitting on one of the benches will do some strange thing or exhibit some symptom of psychosis, in which event he immediately becomes a circle X case. The circle X cases are examined by means of an interpreter, after which they are either liberated or held for further mental examination.

At the line inspection about 9 out of 100 immigrants are set aside as mental suspects in order to undergo the secondary or weeding-out process. Out of the 9 immigrants thus put aside 1 or 2 are ordered detained for a thorough mental examination. This last detention lasts anywhere from 24 hours to a week before the case is finally disposed of. Most of the detained circle X cases are sent

immediately to the hospital for observation and examination, while the X cases are detained in the detention rooms of the Immigration Service.

The examining officer in sending the suspect to the hospital makes a notation on the alien's "hold card." This notation is either a statement of the principal symptoms which have occurred or a statement as to why the alien is sent to the hospital for observation. The following notes have been made upon the various "hold cards" by different officers and will give an idea as to why immigrants are considered insane or suspected of being so at the time of landing. The notes will also show why certain children are sent to the hospital for observation.

Deported by United States; insane. Refused admittance by the Brazilian authorities at Santos.

Insane. Loves America and wishes to defend America. Will go into Army; delusions of patriotism.

Six years old; can not get child to speak.

Hysterical behavior.

Says she is prophet of the earth.

Seven years old; unable to count five fingers.

Speech defect; coarse voice; repeats words that are spoken to him without any attempt at answering examiner's questions.

Objects to examination; refuses to cooperate. Fails in Cube and 20 to 1 tests.

Was at Kings Park [hospital for insane] one year ago. Some question about the diagnosis. Dr. M. thought he had a psychopathic condition.

Alien said he was insane in the summer, but is well now. He crossed the ocean for treatment; appearance.

Rhomberg. Sluggish pupils; tremor of tongue.

Alien returned from the board with statement that she acted queerly before board.

Agitated; brought into examination room by relatives.

Observe mother; child is an imbecile.

Emotional; noisy, boisterous, loss of self-control.

Tremor of hands and tongue; deep reflexes exaggerated; anxious; agitated.

Found in a dazed condition lying on bench in the New York room.

Reported by steamship surgeon as "insane."

Stupid; erratic answers; wanders about the room.

Noted on ship surgeon's report as hysteria. Has little knowledge concerning his voyage.

Alien admits drinking a good deal. He is easily distracted and flighty in his mental activity. Stands still with difficulty; perhaps a psychosis with a manic phase.

Wanderer and traveler. Trouble with a woman several years ago.

Clouding of consciousness; euphoric; tremor of tongue; knee jerks.

Violent in detention quarters; fighting.

Alien has a peculiar affected manner.

States that he is nervous. Heart beats rapidly when talking with strangers. He is traveling with female nurse; recently discharged from British Army.

Steamship's surgeon reports that alien refused to answer questions. She is on the defensive.

Emotional, talkative.

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Feeble, agitated, probably senile dementia.

Silly facial expression. Appears to be thinking of something foreign to the examination.

Maria says she has been married 3 years; can sew garments but can not cut them out. Admits illegitimate child 5 months old in Ireland. Has had frequent convulsions.

It is impossible to get any information from this alien concerning his previous visit to this country; continues to say that he looked after his family; can not elicit any information in regard to his 18 months' sojourn in Philadelphia. Advise that he be kept under prolonged observation.

Irritable, claiming that it is her privilege to do as she pleases; went back to Ireland last December with her sister who was deported from Ward's Island (hospital for insane); another sister was deported 4 years ago; paranoid view of life; ship surgeon reported that patient would burst out into laughter without cause; also get up from dinner table and play the piano to the annoyance of other passengers.

Alien states she is 38 years old and has been married 22 years; looks senile.

Retarded; apathetic; clouding of intellect.

Catatonic state; will not respond to questions.

Admits alcoholism; has had delirium tremens twice, last attack 6 months ago.

Alien sent to island by boarding officer with the notation that she has been depressed since last December; alien is still depressed; says it is due to death of her mother; some clouding of consciousness present.

Alien states that his blood is impure. His blood comes from dead human bodies. He sleeps poorly; can not concentrate his attention; is nervous at times.

Reported to be acting queerly upstairs; suspect epilepsy.

Senile; unkempt; filthy; been traveling; authorities refused to grant him a passport from Spain to England. States that he has \$3,700 and is a resident of California. Wife is confined in an insane asylum.

Nervous and Wasserman.

"I am all right except the jerking in my head, due to some weakness in my head. Cousin and uncle had the same malady; began when I was 15 years old. My memory is all right."

Tremulous, apprehensive, alcoholic?

Position of inattention while talking.

Crying and weeping because her little 21-year old daughter is alone.

Ship's report states that alien was irrational, confused, and had to be confined to ship's hospital. Alien is inaccessible.

"I have seen the Virgin Mary twice; she appeared to me, spoke to me, and told me not to be afraid."

Talkative and flighty.

Alcoholic facies.

Reported by Health Officer J. J. O. to show marked signs of mental disturbance.

History of injury to head when 15 years of age. Some speech defect.

Jumped overboard from the barge. Told Gordon that he intended to terminate his existence.

Claims that he studied medicine in Paris, France, and Berne, Switzerland. Has not received his diploma. Has done Red Cross work. Comes here because he can't go to Russia. Very talkative, given to detail. Pleased with everything in general and himself in particular. Advisable to observe some time.

Elated, talkative, surly. May be well to observe him a few days.

Troublesome. Claims long residence in the United States. Refused to have his eyes examined.

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Confidential communication in Commissioner's office states that this alien was an inmate of a hospital for the insane at one time.

Facial tremor; alcoholic?

Says that he has loaned money to many people and that he is 60 or 90 years old.

Sent down from the board with the statement that he acted queerly. Refused to answer questions. Probably paronoid praecox?

Wasserman; eruption; general lymphadenitis.

Baby 2 years old; unable to walk; observe.

Sent over from cabin inspection by Dr. M. (G. P.).

Tremor; deficient in addition (see hands).

Facial scars; stupid; cried on the line.

"Father and mother died about a year ago. Since then I have been depressed and lonesome, and have drank heavily."

At beginning of conversation alien talked violently and gesticulated, stating that she had been questioned too much, they ask her so many questions that they will drive her crazy. "If I am sick send me back, if I am well land me. At home I did not go with others, I wanted to be at home to look after my mother." Talkative, active, facial grimaces, laughs, and becomes angry.

Tremulous, nervous, interfering; acts like an alcoholic?

"Yesterday was the 24th, to-day is the 25th of July. I take two drinks a day when I can get it."

Alien says that he was sick in the head a few months ago; had noises in his head and heard voices. Has not heard voices for two weeks.

Child is abnormally backward and has abnormal fear. She is shy and it is impossible to get any information from her. Although 10 years of age, she can not count to 20; mother dresses her.

Spastic paralytic condition suggesting Little's disease; late in walking; apparently mentally deficient; mother accompanies the child.

He fell in love with a young lady on board ship. She did not reciprocate. He is much upset about the affair. Nervous and has not slept. Comes to America because he does not like his home surroundings.

Perhaps a deaf mute; fails on cube test.

Vague history of epilepsy.

"I don't know day or date. Forget all on board ship. I was a good worker. Cut wood in the mountains. Boss said I was the best worker." Upon arrival alien appeared to be disturbed. Paced up and down the examination room. Observe.

3. Examination.

The third stage of the sifting process having been reached, it is found that there are two classes of mental cases to dispose of; namely, the cases which have been sent to the hospital for observation, and those which are held in the detention rooms for further examination. What becomes of the first class of cases, and how they differ from the ordinary run of insane persons, will not be touched on in this paper. The disposition of the latter class of cases will now be described.

The examination proper of the detained mental suspects occurs on days or at times when the line inspection is not in operation. Twenty-four hours, however, always intervenes between the time of arrival and the first regular examination.

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The regular mental examinations are conducted in a number of rooms, each of which is provided with chairs, benches, and an examining desk which contains suitable blanks and psychological apparatus. In each examination room is a medical officer who examines with the aid of an interpreter the detained immigrants one at a time.

The following hypothetical explanation, which corresponds closely with the facts, is given in order to show how the third stage in the mental examination of aliens takes place.

Suppose three large and two small immigrant ships arrive at the port of New York on September 1 and 2. Suppose also that they bring 2,500 steerage passengers and that 40 of them are presented with "hold cards" and are detained in the detention rooms for further mental examination. We shall now see what becomes of these 40 detained persons.

The line inspection does not take place on September 3, hence the day is spent largely in the mental examination of the detained cases. Early on this day the 10 detained Italians are sent to room A to be examined by doctor A. Ten Greeks go to room B to be examined by doctor B. Ten Irish are examined in room C by doctor C, while the 10 miscellaneous cases are examined in Room D by doctor D.

The first examination on September 3 is comparatively brief, the main purpose being to weed out the normals who have recovered from a physiological upset arising from various causes incident to landing. The first examination of an alien is performed in the presence of all the aliens of the same group. In many instances each alien is put through the same tests and questions. This is done in order that the normals, who observe and learn from what the others are doing, may be more readily separated from the stupid or subnormal cases. On the afternoon of September 3, we find that out of the 40 immigrants that have been examined, 24 have given evidence of normality and have been liberated while 16 are still held for further examination. On the morning of September 4 there are no immigrants to land. Consequently the examination of the detained cases is resumed. This morning the remaining five Italians are examined in room B by doctor B, the five Greeks in room C by doctor C, the three Irish in room D by doctor D, while doctor A examines the three miscellaneous cases (West India negro, Englishman, Scandinavian) in room A. In other words, a shift has taken place and each detained immigrant now meets a different examiner who puts him through a more searching examination than he encountered on September 3.

The second examination of each immigrant consumes anywhere from 20 to 60 minutes. It may comprise an inquiry into the home life, customs, schooling, occupation, voyage, and intentions of the

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subject. When necessary, questions are put in order to bring to light the whys and wherefores regarding the immigrant's attitude, emotional states, habits, interests, and health. In addition to the psychological tests and questions a neurological examination and test of vision are occasionally made. An endeavor is made at this examination to size up the immigrant from all angles. At the second examination it will be found that the more intelligent immigrants have improved in their execution of the various tests and can still be classed among the normals. They are consequently liberated, and only those who still show symptoms of mental deficiency or mental abnormality are detained. During the second examination one of the detained aliens is found to be markedly inattentive and exhibits a facial mannerism. Consequently he is considered an insane suspect and is sent to the hospital for observation. Therefore at noon on September 4, when the line inspection again begins, only 6 of the original 40 immigrants remain for further examination. They are distributed as follows: Italians 3, Greek 1, Irish 2.

On September 5 at 11 a. m., during a temporary recess in the line inspection, a third examination of the 6 detained immigrants takes place. This time the three Italians are examined in room C by doctor C, the Greek in room D by doctor D, while the two Irish are examined by doctor A. This is the third regular examination, at which time the most obvious cases of mental deficiency are certified. This examination is thorough and in all respects resembles the second examination. During the third examination one of the Italians, although stupid, showed a definite improvement in responding to questions and in performing the tests. While a border-line case, there was a doubt in the mind of doctor C as to how the immigrant should be classified. He was consequently liberated by doctor C. At 4 p. m. September 5, we find that a Greek, an Italian, and an Irishman have been certified as being feeble-minded, while an Irishman and an Italian are still held for further mental examination.

On September 6, the line inspection is in operation all day and the mental cases can not be taken up. On September 7, the two detained cases are again examined which results in certifying the Italian as "Feeble-minded" and in detaining the Irishman for further examination. On September 8, this Irishman is again carefully examined and certified as "Feeble-minded." Thus it is seen that 5 immigrants out of the original 40 are certified as "Feeble-minded."

While the above description of the examination and certifying process is hypothetical, it is believed that it is a fair presentation of what actually happens. It is the rule that no immigrant is certified as being feeble-minded until he has had 3 regular examinations.

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In some cases 4 and even 5 examinations are given before such a certificate is rendered.

It is certain that the experience gained in the careful examination of subnormal immigrants is of much assistance to medical officers when conducting the primary line inspection.

No attempt is here made to explain the various mental abilities in normal and defective immigrants. It may be said, however, that certificates of feeble-mindedness are not rendered because an alien failed on this test or that test or because he is at a certain mental age according to a certain standard. The immigrant is certified "Feeble-minded" because his common knowledge, retentiveness of memory, reasoning power, learning capacity, and general reaction are severally and distinctly below normal. The feeble-minded alien learns with difficulty, his attention may be at fault, he may exhibit peculiar and subnormal mental traits, all of which point to an awkward mentality, which is beyond hope of much improvement. His appearance, stigmata, and physical signs may confirm such diagnosis. It is further believed by the certifying officer that his mental condition will decidedly handicap him among his fellows in the struggle for existence. The following table is inserted in order to show what was accomplished in the mental examination of aliens in the line department at Ellis Island during the months of June, July, and August, 1916.

	Number of steerage passengers inspected on the line.	Chalk marked with X or a circle X at line inspection.	Liberated in weeding-out room on day of arrival.	Given "hold cards" and detained.	Certified on line.		
					Feeble-minded.	Imbecile.	Epileptic.
June.....	11,465	1,219	974	245	35	1
July.....	8,282	936	737	199	15	1
August.....	10,964	895	729	166	20
Total.....	30,711	13,050	2,440	1,610	70	1	1

¹ Some of these aliens were sent to hospital and there certified as insane and feeble-minded. The total number of mental certificates at Ellis Island for the months of June, July, and August was 108.

There is individuality in each officer's method of conducting a mental examination. There is also a great deal in common about the various examination methods. Some tests and questions are used by all, while individual preference obtains in regard to other tests. As time goes on, new tests and methods are tried, and the ones that are found to be of value are adopted by all. Other tests are tried, found to be useless, and are given up.

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